

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15817

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1003

4448

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
30 Kingsbury Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... Lifetime (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William R. Allen

3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

4. Sex..... Male
 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Florence York Allen
 6. (c) Age of husband or wife if alive..... 61 years

7. Birth date of deceased..... June 15 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>26</u>	hr. min.

9. Birthplace..... St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Retired-Cereke-Allen Paper Co.

11. Industry or business.....

12. Name..... William Russel Allen

13. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name..... Louisa B. Woodward
 (City, town, or county) (State or foreign country)

15. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. W. A. Allen

(b) Address..... 30 Kingsbury Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... May 13, 1943
 (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cem.

18. (a) Signature of funeral director..... Wagoner Und. Co.

(b) Address..... 3621 Olive St.

19. (a) MAY 13 1943 (Date received local registrar) D. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 30 Kingsbury Place
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 11
 year..... 1943 hour..... 9 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from..... Feb 21
 19..... 35 to..... May 11 19..... 43

that I last saw him alive on..... April 26 19..... 43
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis, chr.
 Duration..... 8 yrs.

Due to..... emphysema of lungs ?

Due to..... chronic bronchitis ?

Other conditions.....
 (Include pregnancy within months of death)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
 (Specify type of place) (e) Means of injury.....

23. Signature..... Samuel B Grant (M. D. or other)

Address..... 114 N. Taylor Date signed..... 5/12/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

.....Registered Apprentice No.....
working under my personal supervision.

Signed

Nevelle G. Frohwitter

Licensed Embalmer No.

3696

P. O. Address

3621 Oliver St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.